



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000001

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHENG'S WOK, INC.

DOING BUSINESS AS SWEET GINGER

ADDRESS 00184R CAMBRIDGE ST.

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: CHENG, MEI LING TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM SPLIT INTO TWO AREAS; WITH A PARTITION BETWEEN BOTH AREAS.  
FRONT DOUBLE DOOR MAIN ENTRANCES AND TWO SINGLE FRONT DOORS; KITCHEN IN  
REAR WITH THREE REAR EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000003

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURTON'S GILL OF BURLINGTON LLC

DOING BUSINESS AS BURTON'S GRILL

ADDRESS 43 MIDDLESEX TURNPIKE

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: HERRERA, DENISE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

240 SEATING ( INTERIOR AND OUTSIDE PATIO SEATING), FULL SERVICE RESTAURANT

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000006

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEGAL SEAFOODS, LLC

DOING BUSINESS AS LEGAL SEA FOODS

ADDRESS 1131 BURLINGTON MALL

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: TREST, GRANT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

U-SHAPED SPACE, SINGLE LEVEL, 1 DINING RM, KITCHEN, OFFICE, STORAGE AREA, 1 ENTRANCE AND EXIT TO PARKING LOT, KITCHEN EGRESS FROM DINING ROOM AND FROM ENTRANCE AND EXIT TO FIRE LANE. AT REAR OF BLDG.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000009

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURLINGTON HOTEL LLC

DOING BUSINESS AS BOSTON BURLINGTON MARRIOTT HOTEL

ADDRESS BURLINGTON MALL ROAD

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: HERBERT, JAMES TYPE OF LICENSE: Innholder  
L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT HOTEL; RESTAURANT AND LOUNGE ON MAIN FLOOR; renovated facility will have 116 dining room seats, 13 seats at food counter/waiting area, total 129. 9 floors in the tower and one floor in meeting room areas. Average about 30 rooms per floor

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000010

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAFE ESCADRILLE INC.

DOING BUSINESS AS

ADDRESS 26 CAMBRIDGE ST.

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: POIRIER, SUSAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG, MAIN FLOOR WITH DINING ROOM WITH SEATS FOR 300, AND ADJOINING  
FUNCTION ROOMS WITH SEATING CAPACITY OF 416, SUB- BASEMENT TO CONTAIN  
RESTROOMS, OFFICE AND STORAGE add outside patio

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000011

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA, LLC

DOING BUSINESS AS OUTBACK STEAKHOUSE

ADDRESS 34 CAMBRIDGE ST.

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: PANCHOLI, RAJES TYPE OF LICENSE: Restaurant  
H

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR RESTAURANT WITH DIVIDED AREAS ON SAME FLOOR; APPROX 7080 SQ FT

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000012

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURLINGTON COUNTRY CLUB INC. THE  
DOING BUSINESS A

ADDRESS 1 COUNTRY CLUB LANE

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: CORRAO, J.  
RONALD

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BRICK STRUCTURE ,2 MAIN ROOMS ON EACH FLR

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000013

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PFC ROY JOHN HENDERSON POST #7423 VFW U.S.INC

DOING BUSINESS A

ADDRESS 5 EDWARDS ROAD

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: KEENE, KEVIN

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, 2 ROOMS EACH FLOOR, WITH FULL CELLAR, ONE FRONT DOOR AND TWO REAR DOORS

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000014

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURLINGTON FORTY-NINERS INC.

DOING BUSINESS AS

ADDRESS 8 BLANCHARD ROAD

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: CERULLO,  
ANTHONY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3000 SQ FT LEASE SPACE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000015

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Pepper Dining, Inc

DOING BUSINESS AS CHILI'S GRILL & BAR

ADDRESS 108 MIDDLESEX TRNPKE

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: CRONIN,  
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIEST FLOOR , 4 DINING ROOMS AREAS 1 LOUNGE BAR AREA.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000016

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAPA RAZI TRATTORIA OF BURLINGTON INC.

DOING BUSINESS AS PAPA RAZZI

ADDRESS 2 WALL STREET

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: ABBOTT,  
RICHARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8000 SQ FT ON THE FIRST FLOOR WITH 7 MEANS OF EGRESS. SECOND FLOOR CONSISTS OF APPROX 4000 SQ FT. BOTH FLOORS HAVE KITCHEN AND RESTROOMS. THE SECOND FLOOR USED PRIMARILY FOR FUNCTIONS. PATIO AREA AS PERMITTED BY WEATHER AND SEASON

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000017

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IA URBAN HOTELS BURLINGTON TRS,L.L.C.

DOING BUSINESS A HILTON GARDEN INN BURLINGTON

ADDRESS 5 WHEELER ROAD

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: TOWLE,  
MICHAEL F.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 STORY INN WITH 39 RENTAL UNITS ON 1ST FLOOR;47 RENT UNITS ON 2ND,3RD AND 4TH FLRS. BEVERAGES TO BE SOLD IN THE LOUNGE,POOL DECK,RENTAL UNITS (VIA ROOM SERVICE)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000019

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILLICAN-MACKENZIE POST #273 INC.DEPT.MA.A.L.

DOING BUSINESS A AMERICAN LEGION

ADDRESS 162 WINN ST.

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: FEENEY,

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

WALTER P. JR.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS,10 ROOMS LOWER LEVEL,4 ROOMS UPPER LEVEL

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000020

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNO RESTAURANTS, LLC

DOING BUSINESS AS UNO CHICAGO GRILL

ADDRESS BURLINGTON MALL STORE L-1

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: DONEGAN, TIM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

ONE LEVEL MULTI SECTION DINING AREA WITH FOOD COUNTER & CAFÉ SERVICE  
SEATING AND RAISED PLATFORM SEATING SECTION WITH A KITCHEN AREA AND  
PLATFORM AND TOTALING 2,177 SQ. FT. ALONG WITH AN AREA AND OUTDOOR  
PATIO. 190 SEAT FULL SERVICE RESTAURANT WITH FOOD COUNTER AND CAFÉ SERVICE  
SEATING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000021

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STATE RD LIQUOR STORE INC

DOING BUSINESS AS BUSA LIQUORS

ADDRESS 180 CAMBRIDGE ST

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: BUSA, DANIEL P. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
JR.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FRONT AND REAR ENTRANCES, NO BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000022

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: W & N ENTERPRISES, INC.

DOING BUSINESS AS OLD TOWNE LIQUOR STORE

ADDRESS 286 CAMBRIDGE STREET

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: TOULOPOULOS,  
NICHOLAS S.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT AND REAR EXITS, STORAGE AREA, MAIN SELLING FLOOR APPROX. 6,000 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000023

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALVIS ENTERPRISES, INC.

DOING BUSINESS AS BURLINGTON WINE & SPIRITS

ADDRESS 43 MIDDLESEX TURNPIKE, UNIT #40

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: NUON, VISOTH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT DOOR TO BE LOCATED ON LEFT SIDE OF FRONT WALL OF STORE.  
DELIVERY AND EMERGENCY EXIT ON REAR WALL OF STORE. PARTITION WALL  
SEPARATING FRONT FROM BACK STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000025

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEGMANS MASSACHUSETTS, INC

DOING BUSINESS AS WOODWARDS PACKAGE GOODS STORE

ADDRESS 85 WILMINGTON ROAD (62) plaza unit #5

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: RUSSELL, KEVIN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1500 SQ FT UNIT; 2 BATHROOMS; REAR EXIT ; FRONT ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000027

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURLINGTON PACKAGE LIQUORS, INC.

DOING BUSINESS AS THE LIQUOR CABINET

ADDRESS 34A WINN ST

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: NORDEN, DAVID H.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL HAVING FRONT AND SIDE REAR ENTRANCES AND A STORAGE BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
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*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000029

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAC ACQUISITION LLC

DOING BUSINESS AS ROMANO'S MACARONI GRILL

ADDRESS 50 SOUTH AVE

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: SPINELLI-  
PROVOST, TRACI-  
ANN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000030

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THREERACHT CORP.

DOING BUSINESS AS LEMON TREE RESTAURANT

ADDRESS 211 MIDDLESEX TURNPIKE

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: SONGTACHALERT TYPE OF LICENSE: Restaurant  
, THREERACHT

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM AND KITCHEN ON STREET FLOOR WITH CELLAR FOR STORAGE, SUSHI BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000031

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAINFOREST CAFE, INC.

DOING BUSINESS AS RAINFOREST CAFE

ADDRESS 1 BURLINGTON MALL

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: JACKSON,  
TRUEMAN CARL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM AND KITCHEN ON STREET FLOOR WITH CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000032

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE CHATEAU OF BURLINGTON INC.

DOING BUSINESS AS THE CHATEAU RESTAURANT

ADDRESS MIDDLESEX TRNPK

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: FRUGGIERO,  
GERARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 7000 SQFT DINING AREA, LOUNGE WITH BAR, KITCHEN. FRONT ENTRANCE  
EXIT FOR PUBLIC SIDE EXIT FOR EMERGENCIES. HANDICAPED RESTROOMS FOR MEN  
AND WOMEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000033

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BICKFORD'S FAMILY RESTAURANT, INC.

DOING BUSINESS AS BICKFORD'S GRILLE

ADDRESS 6 CAMBRIDGE ST

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: FOLEY GERARD

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY BRICK BLDG., 2 DINING RMS, 2 RSTRMS, OFFICE KITCHEN  
FREEZER/REFRIGERATOR, ATTACHED SHED, ONE FRONT ENTRANCE, 1 BACK DOOR 1  
EMERGENCY SIDE DOOR, ADDITION OF FOOD COUNTER WITH 7 SEATS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000035

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE CHEESECAKE FACTORY RESTAURANTS INC.

DOING BUSINESS AS THE CHEESECAKE FACTORY

ADDRESS 1326 BURLINGTON MALL

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: WINTHROP,  
MICHAEL J

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE CASUAL DINING RESTAURANT; 317 SEATING CAPACITY AND 76 SEATS  
FOR OUTDOOR PATIO.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000036

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSE TEJAS, INC.

DOING BUSINESS AS BORDER CAFE

ADDRESS 128 MIDDLESEX TURNPIKE

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: SCHECTER,  
WILLIAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DEMOLITION OF EXISTING 7,918 SQ.FT. PLUS 290 SEAT BUILDING TO ACCOMMODATE THE  
BORDER CAFE WITH A SEATING CAPACITY OF 290 SEATS 15 WHICH ARE CAFE DINING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000037

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LESTER'S ROADSIDE BAR-B-Q, INC.

DOING BUSINESS AS

ADDRESS 00376A CAMBRIDGE STREET

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: SHAFFER,  
DOUGLAS L.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BRICK AND BLOCK BLDG WITH BASEMENT AND OUTSIDE ENCLOSED  
PATIO, APPROX 2175 SF ON GROUND LEVEL WITH FOUR MEANS OF EGRESS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000038

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURLINGTON HOSPITALITY, LLC

DOING BUSINESS AS L'ANDANA GRILL

ADDRESS 86 CAMBRIDGE ST

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: WALL, ANTHONY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7400 + square foot restaurant consisting of 270 seats INCLUDING EXTERIOR/PATIO SEATS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000039

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAI HO SAI CORP.

DOING BUSINESS AS THE MUGHALS

ADDRESS 184 CAMBRIDGE STREET

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: RANA,  
DHARMESH

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000040

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NYAJ BURLINGTON LLC

DOING BUSINESS A NOT YOUR AVERAGE JOE'S

ADDRESS 2 WAYSIDE RD

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: KUSCH, ALAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

148 SEAT FULL SERVICE RESTAURANT WITHIN A PLAZA KNOWN AS WAYSIDE COMMONS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000041

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPITAL GRILLE HOLDINGS INC.

DOING BUSINESS AS THE CAPITAL GRILLE

ADDRESS WAYSIDE COMMONS, WAYSIDE ROAD

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: ICKEN, DAVID

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. APPROX. 8000 S/F, NOT MORE THAN 215 SEATS, NO MORE THAN 12 SEATS AT COUNTER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000042

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAYSIDE ASIAN BISTRO, INC.

DOING BUSINESS AS THE GINGER PAD

ADDRESS 4 WAYSIDE RD.

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: KO, CHRISTINE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT INCLUDING KITCHEN, DINING AREA, TAKE OUT ENTRANCE, EMERGENCY EXIT AND REAR EXIT, SEATING CAPACITY 120

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000043

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORDSTROM, INC.

DOING BUSINESS AS NORDSTROM BLUE STOVE

ADDRESS 75 MIDDLESEX TURNPIKE SUITE 124

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: SANDERSON,  
RONALD

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,915 AQ FT. LOCATED ON 2ND FLOOR, WITH ENTRANCE TO RESTAURANT FROM  
STORE, 2 EMERGENCY EXITS AT REAR, OPEN KITCHEN WITH TWO COUNTER SEATING  
AREAS, 25 TABLES ACCOMMODATING SEATING FOR 80 PEOPLE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*239 Causeway Street*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000044

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VILAFRANCA PIZZERIA, INC

DOING BUSINESS AS PIZZERIA VILAFRANCA

ADDRESS 5 CENTER STREET

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: SACCA, DANA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL 40 SEAT DINING TABLES (12 COUNTER SEATS, 28 DINING TABLES SEATS), HANDICAP RAMP AND BATHROOM FACILITIES, COAT AREA, PREP AREA AND KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000045

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIQUID LUCK LLC

DOING BUSINESS AS CROSSROADS BEER & WINE

ADDRESS 34 CAMBRIDGE STREET

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: KANG, KHEMARA TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3,300 SQ FT TENANT SPACE LOCATED WITHIN CROSSROADS SHOPPING CENTER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000046

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JRS RESTAURANT, INC.

DOING BUSINESS AS TAVERN IN THE SQUARE

ADDRESS 1 NEW ENGLAND EXECUTIVE PARK

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER: BEALS,  
MATTHEW

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BUILDING; TWO ENTRANCES AND ONE EXIT; TOTAL SQ FEET, 10,051

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 016000047

CITY OR TOWN BURLINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GMRI INC

DOING BUSINESS AS SEASONS 52

ADDRESS 6 WAYSIDE RD

CITY/TOWN: BURLINGTON

STATE: MA

ZIP CODE: 01803

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL TENANT SPACE WITHIN AN EXISTING SHOPPING CENTER. CUSTOMER  
ENTRANCE AND EXIT OFF MAIN PARKING LOT ON WEST SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

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By:

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DATE:

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